

Request for Expedited Plan Check

I, the undersigned, am	hereby	requesting	g Expedited I	Plan Check servi	ces fo	r the project located at	
Address: for Project Number						er	
I understand that the f	ee char	ged for th	ne Expedited	Plan Check serv	ice is	IN ADDITION TO the	
standard plan review fe	es and	is equal t	o <u>100% OF</u>]	HE STANDARD	PLA	N REVIEW FEES (Fire	
and Health plan review	v fees a	re calcula	ated separate	ly). I further unde	erstan	d and acknowledge that	
the expedited plan revie	ew is D	ONE ON A	A VOLUNTEE	R BASIS should	staff	be available and at the	
discretion of the Development Permit Center. The Development Permit						TYPE OF REVIEW	
Center cannot guarantee that this request can be accommodated. The						Building	
fees shall be collected at the time the request is granted.						Mechanical	
						Electrical	
For plan review services performed by other departments or agencies, please						Plumbing	
contact them directly for information on the types of services they provide.						Zoning	
						Fire	
		CON	TACT INFORM	ΙΔΤΙΟΝ		Health	
Type of Applicant: Address: City/State/Zip: Phone / Fax #: Email Address: I have read and agree to 100% of the standard calculated separately.	o the ab	oove and u	nderstand tha	t the Expedited F	eer		
Name of Applicant		Signature				Date Date	
		FOR	DEPARTMENT	USE ONLY			
☐ Request Approved:	by _					Notification:	
☐ Request Denied:		Name of Staff Performing Review				Date	



City of Long Beach 411 W. Ocean Blvd., 3rd Floor Long Beach, CA 90802

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